## EXHIBIT D

Case 06-10725-gwz Doc 8295-4 Entered 03/31/11 15:32:19 Page 2 of 11 PROOF OF CLAIM Case Number Name of Debtor 06-10725-LBR USA COMMERCIAL MORTGAGE NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are ansing after the commencement of the case. A "request" for payment of an aware that anyone else has filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 to your claim Attach copy of statement giving particulars Name of Creditor and Address 11321241001881 Check box if you have CHA! MILLER LLC never received any notices DO NOT FILE THIS PROOF OF CLAIM FOR A from the bankruptcy court or PO BOX 81191 SECURED INTEREST IN A BORROWER THAT IS NOT BMC Group in this case LAS VEGAS NV 89180-1191 ONE OF THE DEBTORS Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the THIS SPACE IS FOR COURT USE ONLY Creditor Telephone Number ( ) 701-591-3515 Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim 760 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Other claims against servicer Wages, salanes and compensation (fill out below) (not for loan balances) Taxes Services performed Last four digits of your SS # Other (describe briefly) Money loaned Unpaid compensation for services performed from \_ to \_ (date) (date) 3 IF COURT JUDGMENT, DATE OBTAINED 2 DATE DEBT WAS INCURRED CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$ Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim First Trust Deed a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is Brief description of collateral entitled to priority UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Check this box if you have an unsecured claim all or part of which is \$ 14500,000 Value of Collateral entitled to priority Amount of arrearage and other charges at time case filed included in Amount entitled to priority secured claim if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225" of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(7) Wages salaries or commissions (up to \$10 000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) Other - Specify applicable paragraph of 11 U S C § 507(a) ( \_\_\_ Contributions to an employee benefit plan - 11 U S C § 507(a)(5) \* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment \$ 459,407. 407,54 5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED ( priority) (Total) (unsecured) (secured) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts contracts, court judgments mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim THIS SPACE FOR COURT The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group FILED NOV 0 3 2006 Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center 1330 East Franklin Avenue P O Box 911 El Segundo, CA 90245 El Segundo CA 90245-0911 SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any), USA CMC MEMBRA 127006 Duray (

Case 06-10725-gwz Doc 8295-4 Entered 03/31/11 15:32:19 Page 3 of 11 FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	DISTRICT OF Many				
Name of Debtor	DISTRICT OF Nevada	PROOF OF CLAIM			
USA Commercial Mortgage	Case Number BK-S-06-10725 (LBR)				
NOTE This form should not be used to make a claim for an admin of the case. A request for payment of an administrative expense in	instrative expense arising after the commenced lay be filed pursuant to 11 USC § 503	nent			
Name of Creditor (The person or other entity to whom the debtor owes money or property)	Check box if you are aware that anyo	one			
G & L Nelson Limited Partnership	eise has filed a proof of claim relating your claim Attach copy of statement giving particulars	ş 10 (			
Name and address where notices should be sent	Check box if you have never received notices from the bankruptcy court in	any			
P.O. Box 30000 Reno, NV 89520 Attn: C. Jaime, Esq	case  Check box if the address differs from	the			
(775) 827–2000	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONE			
Last four digits of account or other number by which creditor identifies debtor	Check here ☐ replaces  If this claim ☐ amends a previousl	V filed claim, dated			
1 Basis for Claim	Retiree benefits as defined				
☐ Goods sold ☐ Services performed	☐ Wages salaries, and comp Last four digits of your S	Pensation (fill out balous)			
Money loaned Personal injury/wrongful death	Unpaid compensation for	services performed			
Taxes Other	from(date)	to(date)			
2 Date debt was incurred. 1/2006	3. If court judgment, date obtain	· · · · · · · · · · · · · · · · · · ·			
		N/A			
4 Classification of Claim Check the appropriate box or boxes that See reverse side for important explanations Unsecured Nonpriority Claim \$	t best describe your claim and state the amo	Atlantic \$9,425,000)			
Check this box if a) there is no collateral or lien securing your	Claum of Check this box if your cla	im is secured by collateral (including			
Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) nonly part of your claim is entitled to priority	one or a right of setoff)	_			
Unsecured Priority Claim  XX Real Estate  Motor Vehicle  Other					
entitled to priority  Value of Collateral \$ Unknown					
Amount entitled to priority \$ Amount of arrearage and other charges at time case filed included secured claim, if any \$_9,259.00					
Specify the priority of the claim	Up to \$2 225* of deposits toward	purchase lease, or rental of property			
Domestic support obligations under 11 U S C $\in$ 507(a)(1)(A) or (a)(1)(B)	§ 507(a)(7)	r nousehold use - 11 USC			
Wages salaries, or commissions (up to \$10,000) * earned within days before filing of the bankruptcy petition or cessaring of the debter	Taxes or penalties owed to govern:  180 Other - Specify applicable paragra	mental units - 11 U S C § 507(a)(8)			
days before filing of the bankruptcy petition or cessation of the debtor business whichever is earlier - It U S C & 507(a)(4)		4/1/07 and every 3 years there &			
Contributions to an employee benefit plan II USC § 507(a)(:  Total Amount of Claim at Time Case Filed	5) with respect to cases commenced of	in or after the date of adjustment			
Check this box if claim includes interest or other charges in additional charges	(unsecured) (secured) ion to the principal amount of the claim. At	(priority) (Total) tach itemized statement of all			
6 Credits The amount of all payments on this claim has been or making this proof of claim	redited and deducted for the purpose of				
7 Supporting Documents Attach copies of supporting decimand	es and a	THIS SINCE IS HER COURT USI ONLY			
agreements and evidence of perfection of lies. DO NOT apply	s court judgments, mortgages, security	Filed Date			
The contract of motion of the contract of the	adua abaah a	10/3/2006			
addressed envelope and copy of this proof of claim	g of your claim, enclose a stamped, self-				
Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attorne Christopher D. Johnson	creditor or other person authorized to				
Christopher D. Jaime, Esq.	y, a cay, ILS ACTORNEYS,	USA CMC			
19/3/06	. •	1072500284			

OC EGGS606-16705-6WA/6068595-4	Entered 03/31/11 15:32:1	10 Dago 4 of 11
UNITED STATES BANKRUPTCY COURT POSTRICT OF NEVADA	PROOF OF CLAIM	19 Paye 4 01 11
Name of Debtor USA Commercial Mortgage Co	e Number 6-10725 LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	
PRISCILLA M GUPTAIL AND PRISCILLA K ADDY PO BOX 9550 BEND OR 97708-9550  Creditor Telephone Number (54/) 6 / 7 - 0 2 0 /	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the	O NOT FILE THIS PROOF OF CLAIM FOR A CURED INTEREST IN A BORROWER THAT IS NOT IE OF THE DEBTORS  If you have already filed a proof of claim with the nkruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debto	Check here replaces or amends	a previously filed claim dated
Goods sold Personal injury/wrongful death Services performed Taxes	tiree benefits as defined in 11 U S C § iges salaries and compensation (fill o st four digits of your SS # paid compensation for services perfore	out below)
	IF COURT JUDGMENT, DATE OBT.	(date) (date)
2 DATE DEBT WAS INCURRED  4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best		
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) your exceeds the value of the property securing it or if c) none or only part of your claim or b) your clai	claim aim is  SECURED CLAIM  Check this box if your a right of setoff)  Brief description of col	claim is secured by collateral (including Promissory Note  llateral Deed of Trust
Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate Value of Collateral	Motor Vehicle
Amount entitled to priority \$  Specify the priority of the claim	Amount of arrearage and of secured claim, if any \$	other charges at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	services for personal family or ho	purchase lease or rental of property or busehold use -11 U S C § 507(a)(7)
business whichever is earlier - 11 U S C § 507(a)(4)  Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	Other Specify applicable paragra *Amounts are subject to adjustme	aph of 11 U S C § 507(a) ( ) ent on 4/1/07 and every 3 years thereafter d on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ UN KNOUN \$ 5( AT TIME CASE FILED (unsecured)	0,000 - \$	pnonty) (Total)
Check this box if claim includes interest or other charges in addition to the pri	ncipal amount of the claim Attach itemize	ed statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts, contracts, court judgments, mortgages security agree DOCUMENTS If the documents are not available, explain. If the documents are not available, explain.	ats, such as promissory notes purchatements and evidence of perfection of ments are voluminous attach a summ	se orders, invoices, itemized statements of lien DO NOT SEND ORIGINAL ary
8 DATE-STAMPED COPY To receive an acknowledgment of the filin proof of claim	ng of your claim, enclose a stamped s	elf-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by ACCEPTED) so that it is actually received on or before 5 00 pm, profor each person or entity (including individuals, partnerships, corp governmental units)	evailing Pacific time, on November 1	13, 2006 USE ONLY
BY MAIL TO BMC Group BM Attn USACM Claims Docketing Center Attr	HAND OR OVERNIGHT DELIVERY TO C Group USACM Claims Docketing Center E East Franklin Avenue	FILED JAN 1 2 2007
El Segundo CA 90245-0911  DATE  SIGN and print the name and title if any of the cre this claim (attach copy of power of attorney)	Segundo, CA 90245	USA CMC
1-10-07 Priscilla M. Guptail - de	fany) ceased Priscilla K. A	K Addy

E STE	માસ્ક્રાનું છે. માન્ય છે. સાથુ છે. માન્ય છે.	PRO	OOF OF CLAIM			
Name of Debtor		Case N	umber	-		
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USA Commercial N	workgage company	j	-	}		
This form should not be u ansing after the commend administrative expense m	List of Debtors and Case Numbers sed to make a claim for an administrativement of the case. A "request" for pay ay be filed pursuant to 11 U S C § 503	ment of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of			
Name of Creditor a			statement giving particulars			
	ENNOTEN NONE IN 113212410 SAENZ FAMILY TRUST	001214	Check box if you have			
C/O LION	EL SAENZ AND ROSARIO D SAENZ	<b>TRUSTEES</b>	never received any notices from the bankruptcy court or		IS PROOF OF CLAIM	
	DVER RIDGE CT SON NV 89012 3128		BMC Group in this case	SECURED INTE	rest in a borrowe Btors	ER THAT IS NOT
			Check box if this address differs from the address on the		ready filed a proof of cl	
70 2 . Creditor Telephone Numb	sc( ) See Attachment		envelope sent to you by the court.	1	t or BMC you do not no CE IS FOR COURT	-
Last four digits of account	or other number by which creditor iden	tifies debtor	Check here repla	ices		
Ocean Atlan	t_c		if this claim ame	r a previously	y filed daım dated _	
1 BASIS FOR CLAIM			benefits as defined in 11 U S	C § 1114(a)	Unremitted pr	inapai
Goods sold	Personal injury/wrongful death	Wages,	salanes, and compensation	(fill out below)	Other claims a	against service
Services performed	☐ Taxes		r digits of your SS#		(not for loan be	alances)
Money loaned	Other (describe bnefly)	Unpaid o	compensation for services pe	erformed from	to _	
2 DATE DEBT WAS INC	URRED	3 IF C	OURT JUDGMENT, DATE (	OBTAINED.	(date)	(date)
	CLAIM Check the appropriate box or box				he time case filed	
See reverse side for import UNSECURED NONPRIOR	*		SECURED CLAIM			
Check this box if a) ther	e is no collateral or lien securing your claim,	or b) your claim	, —	our daim is secui	red by collateral (inc	łuding
exceeds the value of the entitled to pnority	property securing it, or if c) none or only par	t of your claim is	a right of setoff)  Brief description of	Colletoral		
JNSECURED PRIORITY			Real Estate		П от	
Check this box if you have entitled to priority	ve an unsecured claim all or part of which is		Value of Collateral	_	Other	
Amount entitled to provit Specify the priority of the			Amount of arrearage ar secured claim if any	nd other charges	at time case filed in	ncluded in
	bons under 11 U.S.C. § 507(a)(1)(A) or (a)(1)	)(B) [7	Up to \$2,225" of deposits toward			
Wages salanes or com	missions (up to \$10 000) earned within 180 uptry petition or cessation of the debtor's	days	services for personal, family o	r household use 1	1 U S C § 507(a)(7)	•
business whichever is ea	artier - 11 U S C § 507(a)(4)	님	Taxes or penalties owed to go			
Contributions to an empk	byee benefit plan 11 U S C § 507(a)(5)	لسا	Other - Specify applicable para Amounts are subject to adjus	imeni on 4/1/07 an	d every 3 years therea	fler
TOTAL AMOUNT OF CI	AIM \$ 50 000 00	3	with respect to cases commen	ced on or after the	date of adjustment.	
AT TIME CASE FILED	(unsecured)		\$\$	(ynanty)	\$ <u>50,000 00</u>	
Check this box if claim in	cludes interest or other charges in addition	•	•		(Tot all interest or addition	
	of all payments on this claim has been					- Idi Gibigos
SUPPORTING DOCL	JMENTS Attach copies of supporting acts court judgments, mortgages, secuprocuments are not available, explain. If the	documents, suc	ch as promissory notes, purc	hase orders invo	unan dammad states	ments of
DATE-STAMPED CO proof of claim	PY To receive an acknowledgment of	of the filing of yo	our claim, endose a stamped	, self addressed (	envelope and copy of	of this
ACCEPTED) so that it if for each person or entited	npleted proof of claim form must be is actually received on or before 5 00 ity (including individuals partnership	om, prevailing	Pacific time, on November	r 13 2006	THIS SPACE FO USE ONL	
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Attn USACM Claims Do P O Box 911	cketing Center	Attn USAC	M Claims Docketing Center Franklin Avenue	ļ	ILLU 140 4	
El Segundo CA 90245-0		El Segundo	CA 90245			
re	SIGN and print the name and title if any this claim (attach copy of power of a	of the creditor or o	ther person authorized to file			1
	1		O Saenz Grustee	)m_	USA 	CMC
ifty for presenting fraudulen	et claim va a fine of up to \$500,000 or imprison	nment for up to 5 y	years or both 18USC §§ 15	52 AND 2 71	107250	<b>                                  </b>
	Livnel Suenz, Tra	ree				

Case 06-10725-gwz Doc 8295-	-4 En	tered 03/31/11 15:3	32:19 Pag	ge 6 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OOF OF CLAIM		AIM IS SCHEDULED AS
Name of Debtor	Case Nu	ımber	Schedule/Claim	
USA Commercial Mortgage Company	' ' '	725-LBR	Amount/Classific	ation
USA Confinercial Mortgage Company	00-107	723-LDN	\$200 10 Unsecui	red
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address  JOHN MANTER  1449 TIROL DR  INCLINE VILLAGE, NV 89451 7902	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the	scheduled by the you agree with the other claim agains this proof of claim if the amounts si Unliquidated or I filed  If you have ali	ected above constitute your claim as Debtor or pursuant to a filed claim. If amounts set forth herein and have no st the Debtor you do not need to file EXCEPT as stated below nown above are listed as Contingent Disputed a proof of claim must be ready filed a proof of claim with the tor BMC you do not need to file again
Creditor Telephone Number ( ) 775 - 831 - 6667		envelope sent to you by the court		CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here repla	ces	
		if this claim amer	<ul> <li>a previousl;</li> </ul>	y filed claim dated
1 BASIS FOR CLAIM	Retiree l	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal ınjury/wrongful death	Wages,	salaries and compensation	(fill out below)	Other claims against service
☐ Services performed ☐ Taxes ☐ Other (describe briefly)		r digits of your SS #		(not for loan balances)
——————————————————————————————————————	Unpaid o	compensation for services pe	rrormed from	to (date) (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the amou	nt of the claim at th	e time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you	our claim	a right of setoff)	our ciaim is seci	ured by collateral (including
entitled to priority	ii Oldiiii is	Brief description of	collateral	
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	e Dother
entitled to priority		Value of Collateral	\$ 145	500,000.00
Amount entitled to priority \$		Amount of arrearage at secured claim, if any	nd other charges	at time case filed included in
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_			
Wages salaries or commissions (up to \$10 000) earned within 180 days	L.	Up to \$2 225* of deposits towa services for personal family o	rd purchase lease r household use 1	or rental of property or 1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to gov		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	<u> </u>	Other Specify applicable para * Amounts are subject to adjus		
5 TOTAL AMOUNT OF CLAIM \$ \$	<u> </u>	with respect to cases commen	ced on or after the	date of adjustment
AT TIME CASE FILED (unsecured)	50,00	90.00 \$	/	\$ 50,000.00
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim Attach ite		•
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages, security a DOCUMENTS If the documents are not available explain. If the co	<i>ıments</i> , su agreemen	ich as promissory notes pure	chase orders inv	voices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stampe	d self-addresse	d envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units)	i, prevailir corporatio	ng Pacific time, on Novemb ons, joint ventures, trusts a	er 13, 2006	THIS SPACE FOR COURT USE ONLY
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P O Box 911		CM Claims Docketing Cente t Franklin Avenue	r 🤋 🗽	ED JA11 1 0 2007
El Segundo CA 90245 0911	El Seguno	lo CA 90245		LIOA ONG
SIGN and print the name and title if any of the this claim fattach copy of power of attorned to the state of	ey if any)	orner person authorized to file		USA CMC 1072501979

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Na	me of Debtor		Case	Nu	mber			
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Thi ans adr	s form should not be used sing after the commencen ministrative expense may	t of Debtors and Case Numb d to make a claim for an adm nent of the case A "request" be filed pursuant to 11 U S (	ninistrative expense for payment of an		Check box if you are aware that anyone else has filed a proof of claim relatin to your claim. Attach copy	g		
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Cre	editor Telephone Number	()516-286-	4181	_	envelope sent to you by the court		t or BMC you do not CE IS FOR COURT	-
		other number by which cred			Check here re	places	52 10 1 01 000 IC	TOOL ONL!
1.5	BASIS FOR CLAIM				if this claim ar	or a previousl mends	y filed claım dated	
	Goods sold	Personal injury/wrongf	rul death		enefits as defined in 11 t	• ( )	Unremitted p	· ·
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0	Money loaned	Other (describe briefly)			ompensation for services	performed from	to	***************************************
2 [	DATE DEBT WAS INCUR	RRED 0/ /27/06	3 1	F CC	OURT JUDGMENT, DAT	E OBTAINED	(date)	(date)
4 (	CLASSIFICATION OF CL See reverse side for importan	AIM Chéck the appropriate b	ox or boxes that best d	escrit	pe your claim and state the a	mount of the claim at	the time case filed	
1	ISECURED NONPRIORI	•			SECURED CLAIM			
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	Specify the priority of the cl	laım ns under 11 U S C § 507(a)(1)(A	A) (-)(4)(D)	_	secured claim, if any			
	Wages salanes or commis	ssions (up to \$10 000)* earned	within 180 days	Ц	Up to \$2 225* of deposits t services for personal familia	oward purchase lease y or household use -1	e or rental of property	y or
	before filing of the bankrup business whichever is earl	tcy petition or cessation of the delier 11 U S C § 507(a)(4)	ebtor's		Taxes or penalties owed to			<b>J)</b>
		ee benefit plan - 11 U S C § 50	7(a)(5)		other - Specify applicable  * Amounts are subject to a  with respect to cases comi	diustment on 4/1/07 a	nd every 3 years then	eafter
	OTAL AMOUNT OF CLA AT TIME CASE FILED	¥ <u>U</u>	\$ 50,	00	0.00 \$ .	6-	\$ 50,000	0.00
	Check this box if claim incli	(unsecured) udes interest or other charges i	,		cured) mount of the claim Attach	( priority) Itemized statement (	) of all interest or addit	Total) ional charges
6 ( 7 S	CREDITS The amount of SUPPORTING DOCUM running accounts, contract	of all payments on this claim Interest of the Attach copies of substances of substances of the Court judgments, mortgaguments are not available ex	has been credited ar pporting documents, pes. security agreem	nd de	ducted for the purpose of as promissory notes p	of making this proof ourchase orders, inv	of claim	
8 E	DATE-STAMPED COP proof of claim	Υ To receive an acknowle	edgment of the filing	of yo	ur claim, enclose a stam	ped self-addressed	l envelope and cop	y of this
1	ACCEPTED) so that it is for each person or entity governmental units)	pleted proof of claim form actually received on or be y (including individuals, pa	fore 5 00 pm. preva	ulina	Pacific time on Noven	nhar 12 2006	THIS SPACE I USE O	
F	BY MAIL TO BMC Group Attn USACM Claims Doc O Box 911 El Segundo, CA 90245-09	_	Attn U 1330 E	∂roup JSAC East I	M Claims Docketing Cei Franklin Avenue		) JAN 10	2007
DAT		SIGN and print the name and ti	itle if any of the credito	or or o	o, CA 90245			
/	1/4/07	this claim (attach copy of MARTORIE Y Be	power of attorney, if ar		ayarie (f)	Berlin	US	SA CMC
Pena	alty for presenting fraudulent	claim is a fine of up to \$500 000	or improgramment for the	4- F.	1 1 1 10 10 10		107	2501957

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OF OF CLAIM		
Name of Debtor:	Case Nu	mber:	i	
USA Commercial Mortgage Co.	BK-S	-06-10725-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address:		statement giving particulars.	,	
E. Grace Marston, Trustee of th Marston Family Trust dated 8/1 12441 Road 44 Mancos, CO 81328	e 3/93	Check box if you have never received any notices from the bankruptoy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DE If you have alr	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS. eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number ( ) 970-533-9084		court.		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor:	Check here replace or if this claim amen	. a previously	r filed claim dated:
1. BASIS FOR CLAIM  Goods sold Personal injury/wrongful death Taxes  Money loaned  Other (describe briefly) Interest, holdbacks,	Wages, s	penefits as defined in 11 U.S. salaries, and compensation ( digits of your SS #: compensation for services pe	fill out below)	Unremitted principal Other claims against servicer (not for loan balances) toto(date)
2. DATE DEBT WAS INCURRED: 01/27/2006		OURT JUDGMENT, DATE O		/A
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that	t best descri			
See reverse side for important explanations.  UNSECURED NONPRIORITY CLAIM \$  Check this box if: a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of your claim.		Check this box if you a right of setoff).	our claim is secu	tlantic \$9,425,00 red by collateral (including
entitled to priority.  UNSECURED PRIORITY CLAIM		Brief description of	_	
Check this box if you have an unsecured claim, all or part of which is		X Real Estate		
entitled to priority.  Amount entitled to priority \$		Value of Collateral:  Amount of arrearage are secured claim, if any:		known at time case filed included in 94 (see attached
Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towa services for personal, family, of	ard purchase, lease	e, or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		- ,,,,
business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable part	agraph of 11 U.S.C	S § 507(a) ().
Contributions to an employee penelit plan - 11 0.5.0. § 507 (a)(3).		* Amounts are subject to adjust with respect to cases commen		
5. TOTAL AMOUNT OF CLAIM \$ \$	53,0	90.94 \$		\$ 53,090.94
AT TIME CASE FILED: (unsecured)  Check this box if claim includes interest or other charges in addition to the	,	ecured) amount of the claim. Attach ite	( priority) mized statement o	(Total) of all interest or additional charges.
<ol> <li>CREDITS: The amount of all payments on this claim has been cred.</li> <li>SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>. running accounts, contracts, court judgments, mortgages, security a DOCUMENTS. If the documents are not available, explain. If the documents are not available.</li> </ol>	<u>iments,</u> su agreements locuments	ch as promissory notes, purd s, and evidence of perfection are voluminous, attach a sur	chase orders, inv of lien. DO NO mmary.	oices, itemized statements of T SEND ORIGINAL
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	e filing of y	our claim, enclose a stamped	d, self-addressed	l envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, c governmental units).  BY MAIL TO: BMC Group	, prevailin orporation BY HAND	g Pacific time, on Novembe ns, joint ventures, trusts ar OR OVERNIGHT DELIVERY TO	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
Attn: USACM Claims Docketing Center	BMC Grou	up CM Claims Docketing Cente	r :	
P. O. Box 911 El Segundo, CA 90245-0911	1330 East El Segund	t Franklin Avenue Io, CA 90245		
DATE  SIGN and print the name and title, if any, of the this claim (attach copy of power of attorn POA for E. Grace Ma (Copy of POA attach	ney, if any):	J. Morley Mar	eston,	Manager,

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 fears, or both. 18 U.S.C. \$\frac{8}{5}\$ 152/AND 3571

POA TON E. GRACK MARSTON

1	gamaga a sa <mark>Cas</mark>	e 06-10725-gw	z Doc 8295	4 <u>E</u> ŋ	tered 03/31/11 15:0 DOF OF CLAIM	2:19 Pag	je 9 of 11
W masker was			• •	PRO	OOF OF CLAIM		
Name of Debtor USA Mortgage Company Case Num							
	Ocean Atlan		, ,	06	- 10725		
This	FE See Reverse for List form should not be used ng after the commencen instrative expense may	d to make a claim for a nent of the case A "re	an administrative expequest" for payment		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		
	12811 STEL PLAINFIELD	TRYK AND LEEANN F LAR LN DIL 60585-4210		0	statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTER ONE OF THE DE If you have ain Bankruptcy Court	IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
	ditor Telephone Number t four digits of account or			debtor			E 13 FOR COOKT USE ONLY
	ACCNT	# 7615			Check here replain or if this claim amer	. a previously	filed claim dated
1 B	ASIS FOR CLAIM Goods sold	D Barranal mum		Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
╽┝	Services performed	Personal injury/	wrongrui death		salaries and compensation (	fill out below)	Other claims against servicer (not for loan balances)
×	Money loaned	Other (describe	bnefly)		digits of your SS # compensation for services pe	rformed from	to
2 0	ATE DEBT WAS INCUF	RRED 1-27	-06	l3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 C		AIM Check the appro			ibe your claim and state the amo		he time case filed
UN	SECURED NONPRIORI	TY CLAIM \$			SECURED CLAIM	aur alaum ia aaaii	red by colletoral (makeding
	Check this box if a) there exceeds the value of the pentitled to priority	is no collateral or lien second roperty securing it or if of	curing your claim or b) c) none or only part of you	your claim our claim is	a right of setoff)  Brief description of		red by collateral (including
UN	SECURED PRIORITY C	LAIM			Real Estate		M Other Gravantee
	Check this box if you have entitled to priority	an unsecured claim all	or part of which is		Value of Collateral		BY OCEAN ATLANTIC SUNITE CER
	Amount entitled to priority	\$					at time case filed included in
	Specify the priority of the c				secured claim, if any	<b>3</b>	
	Domestic support obligation Wages salaries or commodefore filing of the bankrup	issions (up to \$10 000)*	earned within 180 days	` <u> </u>	Up to \$2 225* of deposits town services for personal family of Taxes or penalties owed to go	or household use 1	1 U S C § 507(a)(7)
	business whichever is ear Contributions to an employ	rlier 11 USC § 507(a)	(4)		Other Specify applicable par  * Amounts are subject to adju-	agraph of 11 U S C	§ 507(a) ()
-	10741 ANOUNT OF O	A1114			with respect to cases commer		date of adjustment
	OTAL AMOUNT OF CL AT TIME CASE FILED	· · · · · · · · · · · · · · · · · · ·	\$		\$		\$ 30,000.
	Check this box if claim inc	•	secured) charges in addition to th	•	secured) amount of the claim Attach ite	( priority) mized statement o	(Total)  of all interest or additional charges
7 \$	SUPPORTING DOCU	MENTS Attach copie	es of supporting doci mortgages, security	<i>uments,</i> su agreement	deducted for the purpose of nuch as promissory notes pures and evidence of perfection are voluminous attach a sui	chase orders inv	roices itemized statements of
	DATE-STAMPED COP proof of claim	PY To receive an a	cknowledgment of th	e filing of y	our claim enclose a stampe	d self-addressed	l envelope and copy of this
	ACCEPTED) so that it is for each person or entit governmental units)	s actually received o	n or before 5 00 pm	n, prevailir corporatio	or hand delivered (FAXES N ng Pacific time, on Novemb ins, joint ventures, trusts a	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
	BY MAIL TO BMC Group Attn USACM Claims Do P O Box 911	•		BMC Gro Attn USA 1330 Eas	AČM Claims Docketing Cente st Franklin Avenue	er .	FILED DEC 11 2006
DA	El Segundo CA 90245-0 FE		me and title if any of th		do, CA 90245 r other person authorized to file		
	11-30-06		h copy of power of attor		. Sand pordon doublized to lie		USA CMC
L Pen		A	- July !-	ent for up to	5 years or both 18 U S C §§	152 AND 3571	1072501726

S CHAIM	PRO	OF OF CLAIM	Page Mar	90011
Name of Debtor:	Case Nu	mber:		
insa Commercial Mortgage Co	06	-10725LBR		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address:		to your claim. Attach copy of statement giving particulars.		
1132124100329	5	Check box if you have		
DONALD W SPRING AND EVELYN MAE SPRING 3153 CANYON OAKS TER		never received any notices from the bankruptcy court or		IIS PROOF OF CLAIM FOR A
CHICO CA 95928-3987		BMC Group in this case.  Check box if this address	ONE OF THE DE	REST IN A BORROWER THAT IS NOT BTORS.
		differs from the address on the envelope sent to you by the		ready filed a proof of claim with the tor BMC, you do not need to file again.
Creditor Telephone Number \$30 345-7805		court.		CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor:	Check here replace	ces	
		if this claim amen	a previousi	y filed claim dated:
1. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death		salaries, and compensation (		Other claims against service
Services performed Taxes		digits of your SS #:		(not for loan balances)
☐ Money loaned ☐ Other (describe briefly)	Unpaid o	compensation for services per	rformed from:	to
2. DATE DEBT WAS INCURRED: /- 27-06	3 IF C	OURT JUDGMENT, DATE O	RTAINED:	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that				the time case filed.
See reverse side for important explanations.		SECURED CLAIM	Cean A	ILantie
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b)	vour claim			red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of you entitled to priority.	our claim is	a right of setoff).		
UNSECURED PRIORITY CLAIM		Brief description of	_	П
Check this box if you have an unsecured claim, all or part of which is		Real Estate	_	
entitled to priority.  Amount entitled to priority \$		Value of Collateral:		CNOWN
Specify the priority of the claim:		secured claim, if any:	50,000	at time case filed included in OO plus InTenesT
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towa		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	_	services for personal, family, o	r household use -1	11 U.S.C. § 507(a)(7).
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	<u> </u>	Taxes or penalties owed to go		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable para * Amounts are subject to adjus		
E TOTAL AMOUNT OF CLAIM	<del></del>	with respect to cases commen		date of adjustment.
AT TIME CASE FILED:	530		1 - 1 - 1 - 3	\$ 53025,00
(unsecured)  Check this box if claim includes interest or other charges in addition to the	,	ecured) amount of the claim. Attach iter	( priority) mized statement o	(Total) of all interest or additional charges.
<ol> <li>CREDITS: The amount of all payments on this claim has been cred</li> <li>SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, running accounts, contracts, court judgments, mortgages, security and processing the contracts.</li> </ol>	<i>uments,</i> su agreements	ch as promissory notes, purd s, and evidence of perfection	chase orders, inv	voices, itemized statements of
B. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.			• .	d envelope and copy of this
The original of this completed proof of claim form must be sen	t by mail o	r hand delivered (FAXES N	ОТ	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, or governmental units).	, prevailin	g Pacific time, on Novembe	er 13, 2006	USE ONLY
BY MAIL TO: BMC Group	BY HAND O	OR OVERNIGHT DELIVERY TO	:	
Attn: USACM Claims Docketing Center	Attn: USA	CM Claims Docketing Center	r	
P. O. Box 911 El Segundo, CA 90245-0911		t Franklin Avenue do, CA 90245		
DATE SIGN and print the name and title, if any, of the	e creditor or		,	
12-08-06 Donald W Spring		June 12/1	1	

UNITED STATES BANKRUPTCY/GOURT DISTRICT SEMEMBA	PRO	OOF OF CLAIM		
Name of Debtor:	Case Nu	mber:	1	
USA Commercial Mortgage Company	06-	10725-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers. / This form should not be used to make a claim for an administrative exp arising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address:		statement giving particulars.		
TOM, STERLING 213 Mary Asserdeen Wy Losvegas, NV 89144		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the envelope sent to you by the court.	OME OF THE DE If you have air Bankruptcy Court	BTORS. eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number (100) VS10 — 4884.  Last four digits of account or other number by which creditor identifies of	loblor		I HIS SPAC	E IS FOR COURT USE ONLY
4936, 4214 - OCEAN ALANTIC		Check here replace of this claim armen	a previously	filed claim dated:
1. BASIS FOR CLAIM Goods sold Personal injury/wrongful death		enefits as defined in 11 U.S.		Unremitted principal
Services performed Taxes	_	salaries, and compensation (	fill out below)	Other claims against servicer (not for loan belances)
Money loaned Other (describe briefly)		digits of your SS #: ompensation for services per	cloomed from	
	Oripana C	oniponogram for occaroco por	rome non.	(date) (date)
2. DATE DEBT WAS INCURRED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	
4. CLASSIFICATION OF CLAME. Check the appropriate box or homes that	best descri	be your claim and state the amor	unt of the claim at t	he time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if: a) there is no colleteral or lien securing your claim, or b)	your claim	1 3	our claim is secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of yo entitled to priority.		a right of setoff).		
UNSECURED PRIORITY CLAIM		Brief description of		<b>—</b>
Check this box if you have an unsecured claim, all or part of which is		Real Estate		Other
entified to priority.		Value of Collateral:	. Ather	MONIT
Amount entitled to priority \$		Amount of arrearage ar secured claim, if any:		at time case filed included in
Specify the priority of the claim:	<u></u>			
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days		Up to \$2,225" of deposits towe services for personal, family, o		
before filing of the bankruptcy petition or cessation of the debior's		Taxes or penalties owed to go	vemmental units -	11 U.S.C. § 507(a)(8).
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable para	agraph of 11 U.S.C	. § 507(a) ().
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adjust with respect to cases commen		
5. TOTAL AMOUNT OF CLAIM \$ \$	KAR	) \$		\$ 2(00)
AT TIME CASE FILED: (unsecured)  Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach ite	( priority) mized statement o	(Total) f all interest or additional charges
				<u> </u>
<ol> <li>CREDITS: The amount of all payments on this claim has been cred</li> <li>SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, mortgages, security a</li> </ol>	<i>ments,</i> su greement	ch as promissory notes, puro s, and evidence of perfection	chase orders, inv of lien. DO NO	oices, itemized statements of
DOCUMENTS. If the documents are not available, explain. If the display an acknowledgment of the		•	•	emisions and conv of this
proof of claim.	, 63 A. Y.			orresope and out y or and
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm, for each person or entity (including individuals, partnerships, c	, prevailin	g Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units).	•	OR OVERNIGHT DELIVERY TO		
BMC Group	BMC Grou	ıp		
		CM Claims Docketing Center Franklin Avenue	'	
		lo, CA 90245		
DATE SIGN and print the name and title, if any, of the this claim (affach copy of power of attorn				
Who lob Sturing Tom		STERLING TO	M	